Republic of the Philippines) Quezon City)	

AFFIDAVIT OF LIABILITY

l,	, Filipino, of legal age and with residence at, after having been duly sworn to in accordance with
law, do her	reby depose and state that:
1.	My,was an active member **Relationship to Deceased** Of the Mutual Aid System (MAS) Plan 2 of the Philippine Public School Teachers Association (PPSTA) at the time of his/her death on; **Date of Death**
2.	I am one of the beneficiaries ofin his/her PPSTA MAS; Name of Deceased
3.	Considering the measly amount of the death benefit from PPSTA of and upon my request as well as prior approval of my co- Name of Deceased beneficiaries, PPSTA entrusted to me the said death benefit in full;
4.	I assume full and release PPSTA of responsibility and liability should my co-beneficiary/ies or his/her/their authorized representative/s or agent/s file a separate claim before PPSTA for the release of his/her/their share/s in death benefit from the aforesaid Association ofandand
5.	I am executing this affidavit to attest to the veracity of the facts above-stated and for whatever legal purpose this may serve.
	WITNESS WHEREOF, I have hereunto set my hand thisth day of, ezon City, Philippines.
	Signature Over Printed Name of Affiant-Claimant CTC No Issued at Issued on
	BSCRIBED AND SWORN to before me thisth day of, 2012 at y, Philippines.
Doc. No Page No Book No Series of 2012	; ;